19 - EPIDEMIOLOGICAL PROFILE OF PERSONS ATTENDING THE ACADEMIES OUTDOORS

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INTRODUCTION

Mello, et al, (2000) justifies epidemiological studies conducted in general or in specific populations are vitally important for determining and implementing public policies. One of the most common health problems that cause great concern is the increasing number of obese people and, consequently, the health problems arising from obesity.

According to Nahas, (2003), physical inactivity is a major cause of reduced quality of life and premature death in contemporary societies, particularly in industrialized countries concerned. The number of deaths associated with physical inactivity can be estimated by combining the relative risk of this behavior with the prevalence (number of cases) in a population. Considering, for example, heart disease, the risk of a heart attack is twice as high for sedentary individuals compared to those regularly active.

Yet for Franchi (2005) lack the incentive to expand the population to participate in the practice of physical activities, sites that promote health are poorly or misused. For this, we need a higher performance of the government, seeking to encourage community participation, but the main show is this population that they will be assisted by qualified professionals. That the activities undertaken by the regulars, are monitored by qualified professionals to deliver physical activity programs for each person indicated, and furthermore, it is convenient to integrate activities into programs that support physical activity, such as nutritionists and physical therapists that can monitor the community to achieve better results and actually get to health promotion.

Forti (2007) argues that the relationship between physical activity epidemiology and apparently begins in epidemiological era of chronic noncommunicable diseases, such as multi-causal risk factors, physical inactivity appears as a determining factor for health problems. Thus, physical activity related to health in the context of multi-causal networks, appears as one of the factors that could modify the risk of individuals to become ill.

Gata, et al (2010) states that the Academies Outdoor in Brazil began in 2005 when the Ministry of Health launched the Healthy Brazil Programme in keeping with the commitment of guidelines and actions foreseen in the global strategy for diet and physical activity 2004 proposal WHO (World Health Organization). Taking this into consideration the city of Maringa through the Department of Health created the Healthy Maringa Program, a project with the same goals of Healthy Program Brazil and in this context arises the ATI (Academy of the Third Age) or the City of Curitiba AAL.

Therefore, this epidemiological study will be used to determine several factors that include the regulars, with overall objective of the epidemiological profile of a group of people from the city of Camboriu who regularly attends the gym outdoors and thus determine the degree of knowledge and information about this practice exercise, and specific characteristics of individuals.

Although specific objectives, we intend to investigate the parameters and level of knowledge about the exercises that practitioners of activities in gyms outdoor use. Identify the sources of information from which this public uses for the practice of the exercises. Determine the frequency and manner of use of equipamentos.Estimar risks that this population is exposed to perform activities without guidance through the questionnaire and answers about prior injuries or activity emerged only after the beginning of the questionnaire applied prática.do .Determine the physical characteristics of the population in question, to classify the profile of users of the academies.

MATERIALS AND METHODS

Were used as inclusion criteria for sample, being a resident of the city of Camboriu, of both sexes, attend regularly (at least once a week) at the Outdoor Academy for at least a month, and have signed the consent form free and clear. Already exclusion criteria were not well suit the inclusion, have a cognitive and / or mental impairment, and not be present on site during data collection.

The sample, with 18 participants, was approached in the morning, afternoon and night, during the months of November 2012 to July 2013, and in place of exercise at random, and with the consent of the participant. Same answered a questionnaire prepared by the academic and validated by teachers of Physical Therapy Univali, being assisted by the researchers during the interview to interpret the questions the way you want. Also underwent a physical assessment, also held in gyms outdoor, which aims to determine anthropometric data to be plotted a profile of this target population. For this, a digital scale Toledo® brand was used for body weight, Premium® brand aneroid sphygmomanometer to measure blood pressure, and a tape measure to determine the ShopFisio® mark the height of the sample. The data were imputed and analyzed using Microsoft Excel, stipulated averages for the values that are presented in descriptive statistics in the form of tables and graphics program, and then discussed in the literature.

RESULTS AND DISCUSSION

In this research, the sample consisted of 18 persons. Of these, (13) 72.2% were female practitioners and (5) 27.8% male. It was evident the great accession of physical activity by women, unlike some literature that present the largest share coming male (Lissner, 1996).

For women, the barriers to physical activity in their free time go beyond medical reasons. Other reasons, such as lack of companionship, lack of interest (most common in women 65-74 years), and fatigue are also present (Satariano, 2001).

The majority of respondents were aged between 25 and 45 years for a total of 44.4% of the sample. Considering a divided age in decades, people between 46 and 55 years constituted the majority with 38.9%. Deity while people between 56 and 70 years contemplated a smaller percentage, 16.7%. Oliveira (1985) states that there is a decrease in the level of physical activity with aging, and studies show that the most prevalent physical activity is walking and stretching and strength exercises go into decline with advancing age, which is confirmed in research by larger percentage for age 46-55 years.

The relationship between weight and height, can identify subjectively the degree of fat mass and lean body of an individual. The average weight and height of participants were respectively 74.56 kg and 1.63 cm. Evaluated according to body

mass index (BMI), we found that only 22.2% of the participants have their ideal ratio, according to what defines WHO. Overweight was present in 50% of individuals and 27.8% have had rates of obesity grade I and grade II. The American College of Sports Medicine (2000) states that excess body fat in addition to being a risk factor for several diseases affect physical performance because it limits the movements and leads to early fatigue due to the overhead it imposes to the body.

Liberatos, Link and Kelsey (1988) discussed the use of education as an indicator of health and its association with healthy habits, lifestyle characteristics and access to information. Show that education has a strong positive association with physical activity during leisure time.

From this survey, 33.3% have completed primary education. Being majority, 61.1% have secondary education and only 5.6%, higher education.

The musculoskeletal diseases are directly or indirectly affected by regular exercise or the lack thereof, and underscores Ocarino Serakides (2006), therefore encouraging regular physical activity has been identified as an important action in the area of public health, stimulating initiatives population range as the popular gyms, described in this study.

Of the sample, 33.3% reported having some type of musculoskeletal disease, and 66.7% claimed that they did not. If we relate to the average age was 46.22 years, one can observe that the rate of one-third of the studied population presenting these pathologies is high, and can also be linked to lack of guidance in the practice of accounting, as percentage of 27.8% with no knowledge of how to perform correctly.

In this study, 44.4% of respondents said they use sunscreen, but 55.6% reported not do this use. Directly related to the use of sunscreen, sun exposure is during activities. In Brazil, the tropical climate, the large number of beaches, the idea of beauty associated with tanning and rural labor favoring excessive exposure to solar radiation.

Of the respondents, 33.3% said some sunbathing during practice day, 44.4% say never be exposed to the sun, and 22.2% receives solar radiation daily. If added to the percentage that somehow sunbathing, achieves 55.5% of the total value almost equal to 55.6% of those who reported not using sunscreen. So you can see that there is a part of practitioners that even knowing the importance and being exposed to the sun, do not use sunscreen.

The DOMS is characterized by discomfort and / or pain in the skeletal muscle that presents approximately a few hours after physical activity. The pain initiated eight hours after exercise progressively increases in intensity in the first 24 hours and reached maximum intensity between 24 and 72 hours. After this period, there is a progressive decline in pain (Manesco, 2010).

When respondents were asked about the painful sensation or cramping and fatigue after exercise, or the next day, the answers to both sensations were 11.1% saying always feel, 77.8% claiming not to feel, 11 1% felt only in a few episodes.

Only 5.6% of participants usually hold 30 minutes of physical activity each day of practice. Participants who perform 30 minutes to one hours amounted to 61.1%, a large index. Participants who attend more than one hour are 33.3% of respondents. According to the American College of Sports Medicine (2000) the new paradigm of physical activity for health promotion recommends that individuals should perform physical activity of moderate intensity for at least 30 minutes per day on most days of week, preferably all, of the continuous or cumulative form.

Santos and Knijnik, (2006) discussed about the difficulty of adherence in physical activity, indicating that the third highest was assigned as a barrier to climate variation that influences directly to those who engage in physical activity outdoors. In their interviews, observed that, when it comes to people who actually got pleasure from practice, these can rearrange and break down the barriers and difficulties they encounter. Those who can not have any difficulty organizing agenda or overhead activities.

Of the participants, 27.8% had attended the academy for more than one month, 16.7% were already practicing will be more than two to six months, 16.7% practiced six to eleven months and 38.9% more one year.

All participants used gyms open more than once a week air. Individuals who practiced three to four times a week corresponded to 44.4% and 55.6% practiced five times or more.

Of the participants, only 38.9% responded that they have some guidance. During collection, it was observed that the population responded that "yes, I own guidelines on the achievements of activities" was one in which a participant goer collection was a physical educator and that even some guided activities and performed them at the same time that the others were following guidance from family or empirically.

The orientation is fundamental to the practice of physical exercise step. However, not just any exercise that brings organic benefits to the practitioner. It is necessary that the exercise is targeted and dosed. Exercise done poorly or in excess can bring harm as well as its lack (BEM and TOCCHIO, 2012).

Of the respondents, 55.6% said they were aware of all the appliances that carry and only 16.7% knew of some appliances. The remaining 27.8% reported not knowing anything about each device used. It is valid to emphasize the importance of education level with knowledge about the devices, since both are correlated. It is believed that the higher the educational level the greater the concern and knowledge to perform the exercises correctly.

Provide physical activity with quality equipment and appropriate guidance is an effective means of valuing people and show that exercise is an excellent tool for social inclusion and the development of population health (Coutinho, 2001).

Considering the sets and reps, 22.2% carry eleven to fifteen repetitions for each set and 77.8% had more than sixteen repetitions. Within this latter figure, some participants performed the exercises for time, in some cases more than two minutes on each appliance.

The amount of equipment carried, and which would be executed, and the number of repeats mentioned in the answer of the questionnaire, the respondents were decision themselves, and how to perform, also chosen autonomously.

The transport, abdominal (done supine with knees fixed semiflexionadose in support) and sitting on the bench press (seated individual, pushing two parallel bars positioned vertically enduring body weight) were cited as the easiest appliances for only 5.6% of participants. Only 11.1% of the population reported that static riding apparatus was the easiest in practice. For 33.3% of respondents, all appliances were easy to perform. The simulator walk obtained the highest percentage compared to the other, corresponding to 38.9% of the respondents and they are the easiest to accomplish. According to participants, the simulator walk and did not require much load is something that perform day to day, ie functional.

In a closed kinetic chain forces begin acting on the ground and upwards through each joint. Which in turn are absorbed by different tissues and anatomical structures rather than being isolated to a single point. (Arnhein and Prentice, 2002).

Researching which machine that respondents believed to be more difficult, 5.6% reported that the static ride is the hardest. The device that assists in achieving the abdominal exercises was the most complex in realization to 11.1%. We found that 33.3% of participants reported that no device is difficult to implement. The bench was seated exercise with greater difficulty, corresponding to 50% of respondents, the majority being women. They reported the need to carry a lot of force to lift the weight and often could barely start moving.

CONCLUSION

With the results and their interpretation, we conclude that the epidemiological profile of the regulars gyms outdoor is quite diverse, however one can find characteristics in common, especially when referring to the level of knowledge and guidance to people get to practice physical activities.

The data showed a lack of information in most practitioners who perform activities empirically. A minority owned guidance of an academic physical education hired by the city and a physical educator who also attended the gathering.

Definitions as the number of repetitions, which machine to use, and frequency of practice gyms outdoor, proved to be chosen by the subjects, which were not sufficient to perform this self-knowledge prescription correctly adapting according to age, musculoskeletal characteristics and comorbidities, and thus achieving the goal of research and justifying the concern and motivation of researchers to conduct the study, it was precisely this practice on their own.

These health characteristics, were also another factor that drew attention because one third of the sample had some type of musculoskeletal disease, and approximately half of the respondents claimed to have heart disease.

During data collection, great interest of the people was observed in physical activity in pursuit of health promotion, although lack of guidelines can cause an opposite effect to that expected by practitioners, may cause or aggravate existing injuries. Only implement such space is not enough to ensure a better quality of living, you need to give conditions for qualified access.

It was noted during the drafting process of this research, the lack of published papers related academies will be outdoors. Because it is believed to be a trend, the implementation of these academies became a novelty for the population in recent years. Believing is an important method of promoting health and quality of life, and thinking physiotherapy performance in this same way, it is suggested further research addressing the subject to more thorough and satisfactory results can elucidate the devices and their implementation separately.

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EPIDEMIOLOGICAL PROFILE OF PERSONS ATTENDING THE ACADEMIES OUTDOORS

ABSTRACT

Introduction: Adopting an active lifestyle is physically able to provide change of behavior of individuals. Moreover, changes in the environment provides, by creating suitable spaces for physical activity and information from a qualified professional. OBJECTIVES: Stipulate parameters of knowledge, sources of information from which this public uses for the practice of the exercises, determine the frequency and method of use of the equipment and thus estimate the possible risks that this population is exposed to perform activities without guidance. METHODS: A group of eighteen residents of the city of Camboriu, was approached from the response to a questionnaire, an epidemiological survey was carried out so as to determine the degree of knowledge and information about this practice exercise. Inclusion criteria included being a resident of the city of Camboriu, of both sexes, regularly attend the outdoor gym for at least a month, and have signed the consent form. Already exclusion criteria, the fact that a cognitive and / or mental deficit and not be present on site during data collection. RESULTS: According to the analysis of the questionnaire, we determined percentages for each question, and identify favorable and harmful points for participating public. CONCLUSION: The epidemiological profile was quite diverse. The lack of information for practitioners who perform activities empirically been shown, however great interest of these was observed in physical activity in pursuit of health promotion. It is believed that because the outdoor gyms are a novelty, the theoretical framework has been scarce.

KEYWORDS: People's Academy, Academy outdoors, Epidemiology.

PROFIL ÉPIDÉMIOLOGIQUE DES PERSONNES ASSISTANT À LA ACADÉMIES PLEIN AIR
RÉSUMÉ

Introduction: L'adoption d'un mode de vie actif est physiquement en mesure de fournir le changement de comportement des individus. En outre, les changements dans l'environnement fournit, en créant des espaces appropriés pour l'activité physique et de l'information d'un professionnel qualifié. OBJECTIFS: paramètres Stipuler des connaissances, des sources d'information à partir de laquelle utilise ce public pour la pratique des exercices, de déterminer la fréquence et le mode d'utilisation de l'équipement et ainsi estimer les risques éventuels que cette population est exposée à effectuer des activités sans encadrement. Méthodes: Un groupe de dix-huit résidents de la ville de Camboriu, a été approché de la réponse à un questionnaire, une enquête épidémiologique a été réalisée afin de déterminer le degré de connaissance et d'informations sur cette pratique de l'exercice. Les critères d'inclusion étant un résident de la ville de Camboriu, des deux sexes, fréquentent régulièrement la salle de gym en plein air pendant au moins un mois, et ont signé le formulaire de consentement. Déjà critères d'exclusion, le fait que le déficit cognitif et / ou mentale et ne pas être présent sur le site lors de la collecte de données. Résultats: Selon l'analyse du questionnaire, nous avons déterminé les pourcentages pour chaque question, et identifier les points favorables et nuisibles pour public participant. CONCLUSION: Le profil épidémiologique est très diversifiée. Le manque d'informations pour les praticiens qui exercent des activités de manière empirique été montré, cependant un grand intérêt de ces a été observée dans l'activité physique dans la poursuite de la promotion de la santé. On croit que parce que les salles de sport de plein air sont une nouveauté, le cadre théorique a été rare.

MOTS-CLÉS: Académie populaire, de l'Académie à l'extérieur, l'épidémiologie.

PERFIL EPIDEMIOLÓGICO DE PERSONAS ASISTEN A LAS ACADEMIAS AL AIRE LIBRE
RESUMEN

Introducción: La adopción de un estilo de vida activo físicamente es capaz de proporcionar el cambio de comportamiento de los individuos. Por otra parte, los cambios en el medio ambiente proporciona, mediante la creación de espacios adecuados para la actividad física y la información de un profesional calificado. OBJETIVOS: parámetros estipular de conocimiento, fuentes de información de la que utiliza este público para la práctica de los ejercicios, determinar la frecuencia y el método de uso de los equipos y por lo tanto estiman los posibles riesgos que esta población está expuesta a realizar actividades sin la guía. MÉTODOS: Un grupo de dieciocho vecinos de la ciudad de Camboriú, se acercaron a partir de la respuesta a un cuestionario, una encuesta epidemiológica se llevó a cabo con el fin de determinar el grado de conocimiento y la información acerca de este ejercicio de práctica. Los criterios de inclusión incluyeron residente de la ciudad de Camboriú, de ambos sexos, asisten regularmente al gimnasio al aire libre por lo menos durante un mes, y que han firmado el formulario de consentimiento. Ya criterios de exclusión, el hecho de que un déficit cognitivo y / o mental y no estar presentes en el lugar durante la recolección de datos. RESULTADOS: De acuerdo con el análisis del cuestionario, se determinaron los porcentajes para cada pregunta, e identificar los puntos favorables y perjudiciales para el público participante. CONCLUSIÓN: El perfil epidemiológico fue muy diversa. La falta de información para los profesionales que realizan actividades de forma empírica ha demostrado, sin embargo, se observó un gran interés de estos en la actividad física en la búsqueda de la promoción de la salud. Se cree que debido a que los gimnasios al aire libre son una novedad, el marco teórico ha sido escasa.

PALABRAS CLAVE: Academia del Pueblo, de la Academia al aire libre, Epidemiología

PERFIL EPIDEMIOLÓGICO DAS PESSOAS QUE FREQUENTAM AS ACADEMIAS AO AR LIVRE
RESUMO

INTRODUÇÃO: A adoção de estilo de vida ativo fisicamente é capaz proporcionar mudança de comportamento dos indivíduos. Além disto, proporciona modificações no meio ambiente, mediante a criação de espaços adequados para prática de atividade física e informação de um profissional capacitado. OBJETIVOS: Estipular parâmetros de conhecimentos, fontes de informação das quais este público faz uso para a prática dos exercícios, determinar a frequência e modo de utilização dos equipamentos e assim estimar os possíveis riscos que essa população se expõe ao realizar as atividades sem orientação. MÉTODOS: Um grupo de dezoito moradores do município de Camboriú, foi abordado a partir da resposta de um questionário, foi feita uma pesquisa epidemiológica para assim determinar o grau de conhecimento e informação sobre esta prática de exercício. Os critérios de inclusão incluíram ser morador do município de Camboriú, de ambos os sexos, frequentar regularmente a academia ao ar livre há pelo menos um mês, e ter assinado o termo de consentimento livre e esclarecido. Já como critérios de exclusão, o fato de apresentar déficit cognitivo e/ou mental, e não estar presente no local durante a coleta de dados. RESULTADOS: De acordo com a análise do questionário, foi possível determinar porcentagens para cada questão, e identificar pontos favoráveis e prejudicias para o público participante. CONCLUSÃO: O perfil epidemiológico foi bastante diversificado. A falta de informação dos praticantes, que realizam as atividades de forma empírica foi evidenciada, porém foi observado grande interesse destas em realizar atividade física em busca de promoção de saúde. Acredita-se que pelo fato de as academias ao ar livre serem uma novidade, o referencial teórico tenha sido escasso.

PALAVRAS-CHAVE: Academia Popular, Academia ao ar livre, Epidemiologia.